

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09723402

APPLICANT(S)

FILING DATE  
11/28/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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TOTAL IND.	9					
TOTAL DEP.	95	↔	↔	↔		
TOTAL CLAIMS	34					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS	34					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY